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| Fill in this information to identify your case: | | |
|--|--|-----------------------------------|
| United States Bankruptcy Court for the: Northern District of Illinois | | |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is a amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| (if | known). Answer every question | n. | |
|-----|--|--|---|
| P | art 1: Identify Yourself | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or | Samantha First name | First name |
| | passport). | Middle name Brock | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Last name | Last name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | | | |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>9</u> <u>2</u> <u>1</u> <u>3</u> | xxx - xx |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number | 9 xx - xx | 9 xx - xx |

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| De | ebtor 1 Samantha | Brock | Case number (// known) |
|----|--|---|--|
| | First Name Middle | Name Last Name | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| | the last 8 years Include trade names and | Business name | Business name |
| | doing business as names | Business name | Business name |
| | | EIN | EIN — — — — — — — — |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 89 E. Schubert Avenue Number Street | Number Street |
| | | Glendale Heights IL 60139 City State ZIP Code | City State ZIP Code |
| | | DuPage County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filling this petition, I have lived in this district longer than in any | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any |
| | | other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |

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| De | ebtor 1 Samantha | iê. | Brock | | Case number (# x | ложо) | | |
|---|---|--|--|---|--|--|--|--|
| | 111111111 | | Association (American | | | | | |
| P | art 2: Tell the Court Abou | t Your B | ankruptcy Case | | | | | |
| 7. | The chapter of the Bankruptcy Code you | Check o | ne. (For a brief description of e ruptcy (Form 2010)). Also, go t | ach, see Notion | ce Required by 11 age 1 and check ti | U.S.C. § 342(b) for Individuals Filing ne appropriate box. | | |
| | are choosing to file | | apter 7 | | | | | |
| | disco | ☐ Cha | oter 11 | | | | | |
| | | ☐ Cha | oter 12 | | | | | |
| | | ☐ Cha | oter 13 | | | | | |
| 8. | How you will pay the fee | local your subr with I nee Appl I req By la less pay t | court for more details about self, you may pay with cash nitting your payment on you a pre-printed address. Ed to pay the fee in installication for Individuals to Paymest that my fee be waive law, a judge may, but is not attain 150% of the official po | ments. If you ments of You may required to, werty line that ou choose the | nay pay. Typicall theck, or money ur attorney may of u choose this op Fee in Installme request this opti- waive your fee, a at applies to you is option, you m | order. If your attorney is pay with a credit card or check stion, sign and attach the nts (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the | | |
| 9. | Have you filed for bankruptcy within the | ☑ No | District | 14/5 | | | | |
| | last 8 years? | Li Yes. | District | When | MM / DD / YYYY | | | |
| | | | District | When | MM / DD / YYYY | Case number | | |
| | | | District | When | | Case number | | |
| | | | | | MM / DD / YYYY | | | |
| 10. | Are any bankruptcy | ☑ No | | | | | | |
| | cases pending or being filed by a spouse who is | Yes. | Debtor | | | Relationship to you | | |
| not filing this case with you, or by a business partner, or by an affiliate? | | | District | When | MM/DD/YYYY | Case number, if known | | |
| | annate: | | Debtor | | | Relationship to you | | |
| | | | District | When | MM / DD / YYYY | Case number, if known | | |
| 11. | Do you rent your residence? | ☑ No. ☐ Yes. | residence? No. Go to line 12. | | | and do you want to stay in your Against You (Form 101A) and file it with | | |

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| De | btor 1 Samantha | | Brock | | Case number (# known |), | |
|-----|--|-------------------------------|--|--|---|---|--|
| | Troctorie windus real | | LOSI NUME | | | | |
| P | Report About Any E | Busines | ses You Own as a So | ole Proprietor | | | |
| 12 | Are you a sole proprietor | ☑ No. | Go to Part 4. | | | | |
| | of any full- or part-time business? | ☐ Yes | . Name and location of b | usiness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a | | Name of business, if any | | | | |
| | separate legal entity such as a corporation, partnership, or LLC. | | Number Street | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | | | | | |
| | to this petition. | | City | | State | ZIP Code | |
| | | | Charle the appropriate h | ov to describe your h | vvoinoon: | | |
| | | | Check the appropriate by Health Care Busines | | | | |
| | | | ☐ Single Asset Real E | | 2000 | 1 | |
| | | | V-22 | ned in 11 U.S.C. § 10 | | 25 | |
| | | | _ | as defined in 11 U.S. | | | |
| | | | ☐ None of the above | | 3 1 1/ | | |
| | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | can set most reany of the No. | re filing under Chapter 11 appropriate deadlines. If cent balance sheet, state nese documents do not el am not filing under Chapte the Bankruptcy Code. I am filing under Chapte the Bankruptcy Code. Any Hazardous Prop | you indicate that you ment of operations, coxist, follow the process apter 11. r 11, but I am NOT a r 11 and I am a small | are a small business ash-flow statement, a dure in 11 U.S.C. § 1 small business debtor business debtor according to the small business | s debtor, you mand federal incommend to the second of the | nust attach your come tax return or if the definition in the |
| 14. | Do you own or have any | ☑ No | | | | | |
| | property that poses or is | | What is the hazard? | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any | 100. | What is the nazary: | | | | |
| | property that needs immediate attention? | | If immediate attention i | s needed, why is it ne | eded? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | , | | | |
| | | | Where is the property? | Number Street | Į. | | |
| | | | | | | | |
| | | | | City | | State | ZIP Code |

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| | | | Document Pag | ge 5 of 39 | | |
|---|---|---|---|--|--|--|
| Deb | otor 1 Samantha First Name Middle Na | | rock | Case nu | umber (#known) | |
| Pa | rt 5: Explain Your Effort | ts to Receive a Br | iefing About Credit Co | unseling | | |
| 15. | Tell the court whether | About Debtor 1: | | 1 | About Debtor 2 (S | pouse Only in a Joint Case): |
| | you have received a briefing about credit | You must check on | e: |) | You must check on | e: |
| The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the | ✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | | ☐ I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion. | | |
| | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | Attach a copy of | f the certificate and the payment you developed with the agency. | |
| following choices. If you cannot do so, you are not eligible to file. | | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | | counseling age | efing from an approved credit ency within the 180 days before I ruptcy petition, but I do not have a ompletion. |
| | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors | | after you file this bankruptcy a copy of the certificate and | | | after you file this bankruptcy petition, a copy of the certificate and payment |
| | can begin collection activities again. | services from a unable to obtai days after I ma | isked for credit counseling an approved agency, but v in those services during t ide my request, and exige merit a 30-day temporary nent. | was he 7 nt | services from a unable to obtai days after I ma | sked for credit counseling an approved agency, but was in those services during the 7 de my request, and exigent merit a 30-day temporary waiver tent. |
| | | requirement, att what efforts you you were unable | day temporary waiver of the tach a separate sheet explain made to obtain the briefing e to obtain it before you filed what exigent circumstance file this case. | ining g, why d for | requirement, att what efforts you you were unable | day temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why a to obtain it before you filed for what exigent circumstances file this case. |
| | | dissatisfied with | be dismissed if the court is your reasons for not receiv you filed for bankruptcy. | ring a | dissatisfied with | be dismissed if the court is your reasons for not receiving a rou filed for bankruptcy. |
| | | If the court is satis still receive a brie You must file a ce agency, along wit developed, if any, may be dismissed | | s, you must If the court is satisfied with your reasons, er you file. still receive a briefing within 30 days after you must file a certificate from the approvent plan you agency, along with a copy of the payment | | tisfied with your reasons, you must be fing within 30 days after you file. Certificate from the approved with a copy of the payment plan you y. If you do not do so, your case |
| | | | of the 30-day deadline is gra and is limited to a maximum | | | f the 30-day deadline is granted nd is limited to a maximum of 15 |
| | | | ed to receive a briefing abing because of: | out [| | ed to receive a briefing about ng because of: |
| | | ☐ Incapacity. | I have a mental illness or deficiency that makes me incapable of realizing or n rational decisions about fi | naking | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. |
| | | ☐ Disability. | My physical disability caus to be unable to participate briefing in person, by pho through the internet, even reasonably tried to do so. | e in a ne, or n after I | ☐ Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |

Active duty. I am currently on active military duty in a military combat zone.

duty in a military combat zone.

☐ Active duty. I am currently on active military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| De | ebtor 1 Samantha First Name Middle Name | Brock e Last Name | Case number (| if known) | | | |
|------|---|---|---|---|--|--|--|
| | The rest of the second | Less Herric | | | | | |
| P | art 6: Answer These Ques | stions for Reporting Purpos | anc. | | | | |
| | This was a second | | | 1.6. 1.4.110.0.0.4.4.(0) | | | |
| 16 | . What kind of debts do you have? | as "incurred by an individu | al primarily for a personal, family, or h | debts are defined in 11 U.S.C. § 101(8) nousehold purpose." | | | |
| | Almana and a second | No. Go to line 16b.✓ Yes. Go to line 17. | | | | | |
| | | | rily business debts? Business del | bts are debts that you incurred to obtain | | | |
| | | money for a business or in | vestment or through the operation of | | | | |
| | | ☑ No. Go to line 16c.☑ Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you | I owe that are not consumer debts or | business debts. | | | |
| 17. | . Are you filing under | | 7 0 4 5 40 | | | | |
| | Chapter 7? Do you estimate that after | No. I am not filing under Chant Yes I am filing under Chant | | vermet property is evaluated and | | | |
| | any exempt property is | administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | excluded and administrative expenses | ☑ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | | | | |
| 18. | How many creditors do | ☑ 1-49 | 1,000-5,000 | 25,001-50,000 | | | |
| | you estimate that you owe? | 50-99 | 5,001-10,000 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 | | | |
| | | 200-999 | 10,001-20,000 | Word that 100,000 | | | |
| 19. | How much do you | \$0-\$50,000 | \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your assets to be worth? | \$50,001-\$100,000 \$100,001-\$500,000 | □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million | □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion | | | |
| | | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion | | | |
| 20. | How much do you | \$0-\$50,000 | \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your liabilities to be? | \$50,001-\$100,000 \$100,001-\$500,000 | □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million | □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion | | | |
| 0.50 | | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion | | | |
| Pa | art 7: Sign Below | | | | | | |
| Fo | or you | I have examined this petition, ar correct. | nd I declare under penalty of perjury the | nat the information provided is true and | | | |
| | | | | d, if eligible, under Chapter 7, 11,12, or 13 each chapter, and I choose to proceed | | | |
| | | | d I did not pay or agree to pay someon and read the notice required by 11 U.S | ne who is not an attorney to help me fill out S.C. § 342(b). | | | |
| | | I request relief in accordance with | th the chapter of title 11, United States | s Code, specified in this petition. | | | |
| | | 그 그 맛있는 이 아이에 가게 하는 사람이 있는 것 같아 하는 이 아무를 되었다면 했다. 아이를 하게 되었다. | ilt in fines up to \$250,000, or imprison | ing money or property by fraud in connection ment for up to 20 years, or both. | | | |
| | | Signature of Debtor 1 | Bell X | ture of Debtor 2 | | | |
| | | Executed on 11 /18/2 | | ted on MM / DD / YYYY | | | |

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| | | | | ng together, both are eq | |
|---------------------------------|---------------------|---------------------------------------|-----------|--------------------------|-----------------------|
| ummar | y of Your | Assets and Liabi | lities a | nd Certain Sta | atistical Information |
| Official F | orm 1065 | Sum | | | |
| | (If known) | | | | amende |
| Case number | MET | | | | ☐ Check if |
| United States E | Bankruptcy Court fo | or the: Northern District of Illinois | | ▼ | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 1 | Samantha | | Brock | | |

nended schedules after you file **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 25,418.00 1b. Copy line 62, Total personal property, from Schedule A/B..... 1c. Copy line 63, Total of all property on Schedule A/B 25,418.00 Part 2: **Summarize Your Liabilities** Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 38,878.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 24,064.00 62.942.00 Your total liabilities \$ Part 3: **Summarize Your Income and Expenses** 4. Schedule I: Your Income (Official Form 106I) 1,815.00 Copy your combined monthly income from line 12 of Schedule I..... 5. Schedule J: Your Expenses (Official Form 106J) 1,789.00 Copy your monthly expenses from line 22c of Schedule J

Check if this is an amended filing

12/15

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| De | btor 1 | Samantha First Name | Middle Name | Last Name | Brock | Case number (if known) | |
|----|--------------|-------------------------------------|--|---|--|--|----------------|
| Pa | art 4: | Answer The | se Questions | for Administrat | tive and Statistica | l Records | |
| 6. | Are yo | u filing for bar | nkruptcy under | Chapters 7, 11, or | 13? | | |
| | ☐ No ☑ Ye | . You have noth | ning to report on | this part of the form | . Check this box and s | submit this form to the court with your oth | ner schedules. |
| 7. | What k | ind of debt do | you have? | | | | |
| | Yo fan | ur debts are po nily, or househo | rimarily consum old purpose." 11 l | ner debts. Consume J.S.C. § 101(8). Fill | er debts are those "inc out lines 8-9g for stat | curred by an individual primarily for a per istical purposes. 28 U.S.C. § 159. | sonal, |
| | Yo this | ur debts are no s form to the co | ot primarily con urt with your othe | sumer debts. You er schedules. | have nothing to report | t on this part of the form. Check this box | and submit |
| 8. | | | | Monthly Income: 0 Line 11; OR, Form | | t monthly income from Official | \$1,986.00 |
| 9. | Copy to | he following s | pecial categorie | s of claims from P | art 4, line 6 of Sched | dule E/F: | |
| | | | | | | Total claim | |
| | From | Part 4 on Sch | edule E/F, copy | the following: | | | |

| From Part 4 on Schedule E/F, copy the following: | | |
|--|------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |
| | | |

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| Sche | dule A/E | : Property | / | 12/15 |
|---------------------------------|------------------------|------------------------------|-----------|-----------------------------------|
| Official | Form 106A | √B | | |
| Case number | | | | ☐ Check if this is amended filing |
| United States | Bankruptcy Court for t | the: Northern District of II | linois | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| Debtor 1 | First Name | Middle Name | Last Name | |
| | Samantha | | Brock | |

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Go to Part 2. S. Where is the property? Street address, if available, or other description | what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Do not deduct secured clause amount of any secure Creditors Who Have Claim | d claims on Schedule D: |
|--|--|---|---|
| s. Where is the property? | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative | the amount of any secure | d claims on Schedule D: |
| | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative | the amount of any secure | d claims on Schedule D: |
| Street address, if available, or other description | ☐ Condominium or cooperative | | its secured by Property. |
| | ☐ Land | Current value of the entire property? | Current value of the portion you own? |
| City State ZIP Code | ☐ Investment property ☐ Timeshare | S Describe the nature of | |
| 211 3000 | Who has an interest in the property? Check one. | interest (such as fee the entireties, or a life | |
| County | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co | mmunity property |
| wn or have more than one, list here: | property identification number: | | |
| Street address if available or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clain | d claims on Schedule D: |
| nicet address, ii avaliable, or diret description | ☐ Condominium or cooperative ☐ Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| City State ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| County | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co | mmunity property |
| St | wn or have more than one, list here: treet address, if available, or other description ity State ZIP Code | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Duplex or mobile home Land Investment property Timeshare Other Other Timeshare Other Other information you wish to add about this item, such as local property identification number: What is the property? Check all that apply. Do not deduct secured claim the amount of any secures creditors Who Have Claim Condominium or cooperative Manufactured or mobile home Investment property Describe the nature of interest (such as fee interest (such as fee interest) only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this is co |

Official Form 106A/B

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| Debtor 1 | Samantha | | Brock | Case number (//x | others agent? | |
|----------|------------------------------|----------------------------|--|----------------------|---|-------------------------|
| | First Name Middle | Name Last Name | | and the transfer has | | |
| | | | | | | |
| | | | What is the present 2 Ch. J. II | W-1 | | |
| | | | What is the property? Check all Single-family home | that apply. | Do not deduct secured cla the amount of any secure | |
| 1.3. | Street address, if available | | Duplex or multi-unit building | | Creditors Who Have Clair | |
| | Street address, ir availabi | e, or other description | | | Current value of the | Current value of the |
| | | | Condominium or cooperative | | entire property? | portion you own? |
| | | | Manufactured or mobile home | | ¢ | e |
| | | | Land | | 9 | a |
| | | | ☐ Investment property | | Describe the nature | of vace aumarable |
| | City | State ZIP Code | ☐ Timeshare | | Describe the nature of interest (such as fee | |
| | | | U Other | | the entireties, or a life | |
| | | | Who has an interest in the pro | nerty? Check one | | |
| | | | | perty r offectione. | | |
| | County | | Debtor 1 only Debtor 2 only | | | |
| | | | Debtor 1 and Debtor 2 only | | Check if this is co | mmunity property |
| | | | At least one of the debtors and | | (see instructions) | minumy property |
| | | | At least one of the debtors and | another | | |
| | | | Other information you wish to | | m, such as local | |
| | | | property identification number | : | | |
| | | | | | 1 | |
| Add t | he dollar value of the i | portion you own for a | Il of your entries from Part 1, inc | luding any entries | s for pages | 0.00 |
| | | | here | | | \$ |
| | | | | | | |
| | | | st in any vehicles, whether they are, also report it on Schedule G: Ex | | | š |
| Care | vans, trucks, tractors | sport utility vehicles | motorcycles | | | |
| - | | , sport utility verilleres | , motorcycles | | | |
| U N | 7. | | | | | |
| MY | es | | | | | |
| | | Ford | Who has an interest in the pro- | nerty? Check one. | Do not deduct secured cla | ime or exemptions. Put |
| 3.1. | Make: | | and the same of th | porty . Onour ono | the amount of any secure | d claims on Schedule D: |
| | Model: | Explorer | Debtor 1 only | | Creditors Who Have Clain | ns Secured by Property. |
| | Year: | 2015 | Debtor 2 only | | Current value of the | Current value of the |
| | | 47 000 | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | Approximate mileage: | 40,000 | At least one of the debtors and | another | | |
| | Other information: | | Check if this is community instructions) | property (see | \$23,450.00 | \$23,450.00 |
| | | | | | | |
| | | | | | | |
| If you | own or have more than | one, describe here: | | | | |
| | | | 18/1- In a seriet seek in the pro- | nortu? Chaok and | 2 | ' Dut |
| 3.2. | Make: | | Who has an interest in the pro | perty r Check one. | Do not deduct secured cla the amount of any secure | d claims on Schedule D: |
| | Model: | | Debtor 1 only | | Creditors Who Have Clair | ns Secured by Property. |
| | | | Debtor 2 only | | Current value of the | Current value of the |
| | Year: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | Approximate mileage: | | At least one of the debtors and | another | | 55 |
| | Other information: | | | | œ. | \$ |
| | | | Check if this is community | property (see | Ψ | Ψ |

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Samantha Debtor 1 Case number (if known) Middle Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.3 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4 Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 4.1. the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: portion you own? At least one of the debtors and another entire property? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only portion you own? entire property? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here 23,450.00

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Debtor 1

Samantha First Name

Middle Name

Case number (# known)_

| | Describe Your Personal and Household Items | | |
|-----|---|--|----------|
| Do | you own or have any legal or equitable interest in any of the following items? | Current value portion you o Do not deduct so or exemptions. | wn? |
| 6. | Household goods and furnishings | | |
| | Examples: Major appliances, furniture, linens, china, kitchenware | | |
| | □ No | | |
| | ☑ Yes. Describe Bed, Dresser | \$ | 200.00 |
| 7. | Electronics | | |
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | | |
| | □ No | | |
| | ☑ Yes. Describe Cell Phone; IPad | \$ | 250.00 |
| 8. | Collectibles of value | | |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | | |
| | Yes. Describe | \$ | |
| Э. | Equipment for sports and hobbies | | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | | |
| | ☑ No | | |
| | Yes. Describe | \$ | |
| 10. | Firearms | | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | ☑ No | | |
| | Yes, Describe | \$ | |
| 11. | Clothes | | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No | | |
| | ✓ Yes. Describe Used personal clothes and shoes | \$ | 250.00 |
| | laviates: | | |
| 12. | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | |
| | gold, silver | | |
| | □ No | S | 500.00 |
| | Yes. Describenecklaces; rings | Φ | |
| 3. | Non-farm animals | | |
| | Examples: Dogs, cats, birds, horses | | |
| | ✓ No Yes, Describe | \$ | |
| | | | |
| 4. | Any other personal and household items you did not already list, including any health aids you did not list No | | |
| | Yes. Give specific | \$ | |
| | information | * | |
| | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$ | 1,200.00 |
| | | | |

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Document Brock

Last Name

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| Ca | mantha |
|------|--------|
| 29 | mantna |
| Fire | t Name |

Middle Name

Case number (if known)_

| 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts 18. No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture 19. No Name of entity: 19. No Name of entity: 10. No Name of ent | Do you own or have a | nny legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|------------------------------|--------------------------------------|--|-------------------|---|
| Yes Cash: S | | ou have in your wallet, in your hor | ne, in a safe deposit box, and on hand when you fi | ile your petition | |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No | ☑ No | | | | |
| Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes Institution name: | ☐ Yes | | | Cash: | \$ |
| 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | Examples: Checking and other | g, savings, or other financial accou | | | |
| 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts 18. No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture 19. No Name of entity: 19. No Name of entity: 10. No Name of ent | | | Institution name: | | |
| 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other fi | | 17.1. Checking account: | Chase | | \$768.00 |
| 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. | | 17.2. Checking account: | | | \$ |
| 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9. Other financial account: | | 17.3. Savings account: | | | \$ |
| 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9. Other financial account: | | 17.4, Savings account: | | | \$ |
| 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: | | 17.5. Certificates of deposit: | | | \$ |
| 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: \$ | | 17.6. Other financial account: | | | \$ |
| 17.8. Other financial account: 17.9. Other financial account: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | 17.7. Other financial account: | | | \$ |
| 17.9, Other financial account: \$ | | 17.8. Other financial account: | | | \$ |
| Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | | 17.9. Other financial account: | | | \$ |
| Institution or issuer name: S S S S S S S S S | Examples: Bond fund | | erage firms, money market accounts | | |
| S S S S S S S S S S | | Institution or issuer name: | | | |
| 9. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Name of entity: Yes. Give specific information about them | | | | | \$ |
| 9. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Name of entity: Yes. Give specific information about them | | | | | \$ |
| an LLC, partnership, and joint venture ✓ No Name of entity: % of ownership: — Yes. Give specific information about them | | | | | \$ |
| ✓ No Name of entity: % of ownership: ☐ Yes. Give specific information about them | | | rated and unincorporated businesses, including | g an interest in | |
| ☐ Yes. Give specific information about them | | | | % of ownership: | |
| them 5 | | c | | | \$ |
| | | | | 70 | \$ |
| | | | | 0%% | \$ |

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Debtor 1

| S | ar | n | а | n | th | na | ľ |
|---|------|---|-----|----|----|----|---|
| | Fire | N | 811 | 10 | | | |

Middle Name Last Name Case number (Fknown)_

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| Negotiable instrument | porate bonds and other negotiable and non-negotiable instruments s include personal checks, cashiers' checks, promissory notes, and money o | rders. |
|---|--|---------------------------------------|
| Non-negotiable instrui | ments are those you cannot transfer to someone by signing or delivering then | n. |
| Yes. Give specific information about them | Issuer name: | \$ |
| them | | · · · · · · · · · · · · · · · · · · · |
| | | |
| 1. Retirement or pension | | |
| Examples: Interests in | IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension | or profit-sharing plans |
| Yes. List each | . Type of account: Institution name: | |
| account separatery | The state of the s | \$ |
| | 401(k) or similar plan: | |
| | Pension plan: | |
| | IRA: | \$ |
| | Retirement account: | |
| | Keogh: | Company to the second |
| | Additional account: | \$ |
| | | |
| | | \$ |
| Your share of all unuse | prepayments Industry the deposits you have made so that you may continue service or use from a continue service or use from | \$ ompany |
| Your share of all unuse Examples: Agreement companies, or others No Yes | prepayments Industry the deposits you have made so that you may continue service or use from a continue service or use from | \$ ompany |
| Your share of all unuse Examples: Agreement companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a continu | \$ ompany |
| Your share of all unuse Examples: Agreement companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a continu | \$ ompany |
| Your share of all unuse Examples: Agreements companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a continu | \$ ompany |
| Your share of all unuse Examples: Agreements companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a continu | \$ ompany |
| Your share of all unuse Examples: Agreement companies, or others No Yes | prepayments Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: | \$ ompany |
| Your share of all unuse Examples: Agreements companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a continu | \$ ompany |
| Your share of all unuse Examples: Agreements companies, or others No Yes | prepayments Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: | \$ ompany |
| Your share of all unuse Examples: Agreements companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a continu | \$ ompany |
| Your share of all unuse Examples: Agreements companies, or others No Yes | prepayments Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: | \$ |
| Your share of all unuse Examples: Agreements companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a consist and landlords, prepaid rent, public utilities (electric, gas, water), telecommunications and the service or use from a consistency of the service of the service or use from a consistency or u | \$ |
| Your share of all unuse Examples: Agreements companies, or others No Yes Annuities (A contract of | prepayments and deposits you have made so that you may continue service or use from a continu | \$ |
| Examples: Agreements companies, or others No Yes | prepayments and deposits you have made so that you may continue service or use from a consist and the service of use from a consistency of use from a consist and the service of use from a consistency of use from a consist and the service of use from a consistency of use from a consistenc | \$ |

Case 17-34885 Doc 1 Filed 11/21/17 Entered 11/21/17 16:17:14 Desc Main Document Page 15 of 39 Samantha Debtor 1 Case number (# known) Middle Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No. ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements 2 No Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No No ☐ Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No. ☐ Yes. Give specific information..... Alimony: Maintenance: Support:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No No

Yes. Give specific information.....

Divorce settlement: Property settlement: Case 17-34885 Doc 1 Filed 11/21/17 Entered 11/21/17 16:17:14 Desc Main

| | 0 | | | Document | Page 16 of 39 | |
|----------|------------|-------------|---------|----------|------------------------|--|
| Debtor 1 | Samantha | | | Brock | Case number (if known) | |
| | First Name | Middle Name | Last Na | me | | |

| 31 | . Interests in insurance policies Examples: Health, disability, or life insurance. No | ce; health savings account (HSA); credit, homeo | wner's, or renter's insurance | |
|-----|---|---|---|---|
| | Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| | | - | | \$ |
| | | | | \$ |
| | | | | \$ |
| 32 | Any interest in property that is due you if you are the beneficiary of a living trust, exproperty because someone has died. No Yes. Give specific information | from someone who has died xpect proceeds from a life insurance policy, or ar | re currently entitled to receive | • |
| | | | | Ψ |
| 33. | Claims against third parties, whether or Examples: Accidents, employment disputes No | not you have filed a lawsuit or made a demar s, insurance claims, or rights to sue | nd for payment | |
| | Yes. Describe each claim | | | \$ |
| 34. | Other contingent and unliquidated claims to set off claims | s of every nature, including counterclaims of | the debtor and rights | Ψ |
| | Yes. Describe each claim. | | | \$ |
| 35. | Any financial assets you did not already ☑ No ☐ Yes. Give specific information | list | | \$ |
| 36. | | from Part 4, including any entries for pages | | \$768.00 |
| | Do you own or have any legal or equitable No. Go to Part 6. | elated Property You Own or Have a | an Interest In. List any r | eal estate in Part 1. |
| | Yes. Go to line 38. | | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accounts receivable or commissions you | already earned | | |
| | ☑ No | | | |
| | Yes. Describe | | | \$ |
| 39. | Office equipment, furnishings, and suppl | lies | | |
| | Examples: Business-related computers, software, | modems, printers, copiers, fax machines, rugs, telepho | ones, desks, chairs, electronic devices | |
| | Examples: Business-related computers, software, No Yes, Describe | modems, printers, copiers, fax machines, rugs, telepho | nes, desks, chairs, electronic devices | \$ |

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| Debtor 1 | Samantha | | Brock | Case number (#know#) | |
|--|-------------------|---------------------------------|----------------------------|---|--|
| | First Name | Middle Name Last Name | | 1 869 PD 475 UL 2000 PD 566 A 138 C 200 A | |
| 40. Machin | ery, fixtures, e | quipment, supplies you use | in business, and tools of | your trade | |
| M No | | | | | |
| ☐ Yes | . Describe | | | | \$ |
| | | | | | |
| 41. Invento | ry | | | | |
| M No | | | | | |
| ☐ Yes | . Describe | | | | \$ |
| | | | | | |
| 42. Interest | s in partnersh | ips or joint ventures | | | |
| | Describe | Name of entity: | | 0/ | |
| | | | | % of ownership: | ¢. |
| | | | | | \$ \$ |
| | | | | % | \$ |
| | | | | | |
| 43. Custom | er lists, mailin | g lists, or other compilations | 3 | | |
| | . Do vour lists | include personally identifiab | le information (as defined | in 11 U.S.C. § 101(41A))? | |
| | □ No | | | | |
| | Yes, Desc | ribe | | | c |
| | | | | | \$ |
| 44. Anv bus | siness-related | property you did not already | list | | |
| M No | | | | | |
| | . Give specific | | | | \$ |
| IHIO | mauon | | | | S |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | |
| 45. Add the | e dollar value o | of all of your entries from Par | t 5, including any entries | for pages you have attached | \$0.00 |
| 101101 | . 0. 111110 11101 | | | | |
| | | | | | |
| Part 6: | Describe A | ny Farm- and Commercia | I Fishing-Related Prop | erty You Own or Have an Interest | In. |
| | If you own or | have an interest in farmland | I, list it in Part 1. | | |
| 46 Do vou | own or have a | ny legal or equitable interest | in any farm- or commerc | ial fishing-related property? | |
| | Go to Part 7. | | | | |
| ☐ Yes | . Go to line 47. | | | | |
| | | | | | Current value of the portion you own? |
| | | | | | Do not deduct secured claims |
| 47. Farm a | nimala | | | | or exemptions. |
| | | oultry, farm-raised fish | | | |
| M No | The second by | | | | |
| The state of the s | | | | | |
| | | | | | \$ 0.00 |

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| Debto | r 1 | Samantha | | E | 3rock | 1.5 | Case number (#known) | | |
|--|-------------|----------------------|--|---|-------------|-------------------------|------------------------------|-----|-----------|
| Dobio | | First Name | Middle Name | Last Name | | | ouse Hamber Armonn | | |
| 48. Cr | ops—e | ither growing | or harvested | | | | | | |
| | No Yes. | Give specific | | | | | | | |
| | inforn | nation | | | | | | \$ | |
| | rm and | l fishing equip | oment, implements | s, machinery, fixtur | es, and too | ls of trade | | | |
| | Yes | | | | | | | | |
| 50 F a | rm and | l fiching cuppl | line abamiante au | ad food | | | | \$ | |
| | No No | i iisiiiig suppi | lies, chemicals, ar | ia reed | | | | | |
| | Yes | **************** | | | | | | | |
| 51 An | v farm | - and commer | cial fishing-related | d property you did | not already | liet | | \$ | |
| M | No | | oldi nolling relater | a property you and t | nocancady | not | | | |
| ч | | Give specific nation | | | | | | \$ | |
| | | | | | | | you have attached | s | 0.00 |
| for | Part 6 | . Write that nu | ımber here | *************************************** | | *********************** | → | | |
| Part ' | 7. | Doscribo A | II Proporty Vo | u Own or Havo | an Intar | act in That | You Did Not List Above | | |
| Manager 1 | | | | | 1977 | est iii That | Tou Did Not List Above | | |
| | | | perty of any kind y country club members! | rou did not already hip | list? | | | | |
| | No Yes (| Sive specific | | | | | | \$ | |
| _ | | ation | | | | | | \$ | |
| | | | | | | | | S | |
| 54. Ad | d the d | ollar value of | all of your entries | from Part 7. Write t | that numbe | r here | | \$ | 0.00 |
| DE 0.000 - 1 | | | | | | | | | |
| Part 8 | 3: [| List the Tot | tals of Each Pa | art of this Form | 1 | | | | |
| 55. Par | t 1: To | tal real estate, | , line 2 | | | | ·····- | \$ | 0.00 |
| 56. Par | t 2: To | tal vehicles, li | ne 5 | | \$ | 23,450.00 | | | |
| 57. Pa r | t 3: To | tal personal a | nd household iten | ns, line 15 | \$ | 1,200.00 | | | |
| 58. Par | t 4: To | tal financial as | ssets, line 36 | | \$ | 768.00 | | | |
| 59. Par | t 5: To | tal business-r | elated property, li | ne 45 | \$ | 0.00 | | | |
| 60. Par | t 6: To | tal farm- and f | fishing-related pro | perty, line 52 | \$ | 0.00 | | | |
| 61. Pa r | t 7: To | tal other prope | erty not listed, line | e 54 | +\$ | 0.00 | | | |
| 62. Tot | al pers | onal property | . Add lines 56 throu | ıgh 61 | \$ | 25,418.00 | Copy personal property total | +\$ | 25,418.00 |
| | | | | | | | | | |
| 63. Tot | al of al | I property on | Schedule A/B. Add | d line 55 + line 62 | | | | \$ | 25,418.00 |

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| | | Document | 1 age 13 01 33 | |
|--|--|---|---|--|
| Fill in this inform | ation to identify your case: | | | |
| Deptor 1 | nantha | Brock | | |
| First I Debtor 2 | Name Middle Name | Last Name | | |
| (Spouse, if filing) First ! | Name Middle Name | Last Name | | |
| United States Bankr | uptcy Court for the:Northern Dist | rict of Illinois | ▼ | |
| Case number (If known) | | | | Check if this is a amended filing |
| | | | | arrended ming |
| Official For | m 106C | | | |
| schedul | e C: The Pro | perty You | Claim as Exemp | O4/16 |
| sing the property y pace is needed, fill | ou listed on Schedule A/B: Pre | operty (Official Form 10) | together, both are equally responsible for 6A/B) as your source, list the property the Additional Page as necessary. On the to | at you claim as exempt. If more |
| pecific dollar amo f any applicable s stirement funds— mits the exemption | ount as exempt. Alternatively statutory limit. Some exempt may be unlimited in dollar a | r, you may claim the fu ions—such as those fo mount. However, if you unt and the value of th | amount of the exemption you claim. Ill fair market value of the property be or health aids, rights to receive certail u claim an exemption of 100% of fair I e property is determined to exceed th | ing exempted up to the amount n benefits, and tax-exempt narket value under a law that |
| Part 1: Ident | ify the Property You Clair | m as Exempt | | |
| You are cla You are cla You are cla 2. For any prope Brief descript | aiming state and federal nonba aiming federal exemptions. 11 rty you list on Schedule A/B ion of the property and line on | nkruptcy exemptions. 1 U.S.C. § 522(b)(2) that you claim as exer Current value of the | if your spouse is filing with you. 1 U.S.C. § 522(b)(3) npt, fill in the information below. Amount of the exemption you claim | Specific laws that allow exemption |
| Schedule A/B | that lists this property | Copy the value from | Check only one box for each exemption | n |
| | | Schedule A/B | orion only one box for outil exemption | |
| Brief description: | Vehicle | \$23,450.00 | ☑ \$ 2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: | 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | - |
| Brief | Used Furniture | \$200.00 | ⊠ \$ 200.00 | 735 ILCS 5/12-1001(b) |
| description: Line from Schedule A/B: | 6 | 0 | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief | Electronics | \$250.00 | ≥ \$ 250.00 | 735 ILCS 5/12-1001(b) |
| description: Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| (Subject to adjust No | | 3 years after that for cas | es filed on or after the date of adjustments | |

☐ Yes

Document

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Debtor 1

Samantha

First Name Middle Name

Brock Last Name

Case number (it known)_

| | ion of the property and line A/B that lists this property | t value of the you own | Amount | of the exemption you claim | Specific laws that allow exemption |
|----------------------------|--|----------------------------|--|--|------------------------------------|
| | 55 (17 ° 17 ° 17 ° 17 ° 17 ° 17 ° 17 ° 17 | e value from | Check on | ly one box for each exemption | |
| Brief description: | Wearing Apparel | \$ 250.00 | □ s_ | | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B: | 11 | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | Jewelry | \$ 500.00 | ∠ \$ | | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 12 | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | Deposits of Money | \$ 768.00 | u \$ | 768.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 17 | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | | \$ | 15 | | |
| Line from Schedule A/B: | | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | | \$ | 71.07.07.00 | | |
| Line from Schedule A/B: | | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | | \$ | V | | |
| Line from Schedule A/B: | | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | | \$ | | | |
| Line from Schedule A/B: | | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | | \$ | And the state of t | of fair market value, up to | |
| Line from Schedule A/B: | | | | pplicable statutory limit | |
| Brief description: | | \$ | S | of fair market value, up to | |
| Line from Schedule A/B: | | | | pplicable statutory limit | |
| Brief description: | | \$ | | | |
| Line from Schedule A/B: | | | | of fair market value, up to pplicable statutory limit | |
| Brief description: | | \$ | | of fair market value, up to | |
| Line from Schedule A/B: | - | | | pplicable statutory limit | |
| Brief description: | | \$ | - \$ | | |
| Line from Schedule A/B: | | | | of fair market value, up to pplicable statutory limit | |

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| Debtor 1 Samantha Brock First Name Meddle Name Lest Name | | | | | | |
|--|-----------------|-------------------|---|-------|-------------------------------|-------------------|
| Debtor 2 (Spouse, if filing) First Name | | | | | | |
| United States Bankruptcy Court for the: Northern District of Illinois Case number ((If known)) Official Form 106D Schedule D: Creditors Who Have Claims S Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, copy the Additional Page, fill it out, number that additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? On No. Check this box and submit this form to the court with your other schedules. You yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditors for each claim. If more than one creditor has a particular claim, list the other creditors in As much as possible, list the claims in alphabetical order according to the creditor's named to the creditor's Name street. 2.1 Landmark Credit Union Describe the property that secures the claim creditor's Name street. Number Street As of the date you file, the claim is: Check and Contingent Unliquidated Disputed Who owes the debt? Check one. Who owes the debt? Check one. As of the date you file, the claim is: Check and Contingent Unliquidated Disputed Nature of lien. Check all that apply. At least one of the debtors and another Check if this claim relates to a community debt Debtor 1 and Debtor 2 only Judgment lien from a lawsuit Other (including a right to offset) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit Other (including a right to offset) | | | | | | |
| Official Form 106D Schedule D: Creditors Who Have Claims S Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, copy the Additional Page, fill it out, number the additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You Yes, Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the other creditors for each claim. If more than one creditor has a particular claim, list the other creditors in As much as possible, list the claims in alphabetical order according to the creditor's name 5445 S. Westridge Dr. Number Street As of the date you file, the claim is: Check and the date you file you file, the claim i | | | | | | |
| Official Form 106D Schedule D: Creditors Who Have Claims S Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, copy the Additional Page, fill it out, number the additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the other creditors for each claim. If more than one creditor has a particular claim, list the other creditors in As much as possible, list the claims in alphabetical order according to the creditor's name 5445 S. Westridge Dr. Number Street As of the date you file, the claim is: Check at the date you file, the claim is: Check at the date you made (such as mortgage car loan) Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 26/2013 Last 4 digits of account number Last 4 digits of account number | | | | | | |
| Official Form 106D Schedule D: Creditors Who Have Claims S Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, copy the Additional Page, fill it out, number the additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the other creditors for each claim. If more than one creditor has a particular claim, list the other creditors in As much as possible, list the claims in alphabetical order according to the creditor's name 5445 S. Westridge Dr. Number Street As of the date you file, the claim is: Check at the date you file, the claim is: Check at the date you made (such as mortgage car loan) Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 26/2013 Last 4 digits of account number Last 4 digits of account number | | | | | | |
| Schedule D: Creditors Who Have Claims S Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, copy the Additional Page, fill it out, number the additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditors in As much as possible, list the claims in alphabetical order according to the creditor's name and case number (if known). 2.1 Landmark Credit Union | | | | | Check i | |
| Schedule D: Creditors Who Have Claims S Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, copy the Additional Page, fill it out, number the additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor's name as particular claim, list the other creditor's name as particular claim, list the other creditor's name cr | | | | | amende | a filing |
| Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, copy the Additional Page, fill it out, number the additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditors in As much as possible, list the claims in alphabetical order according to the creditor's name and an application of the creditor's name for the determinant of the claims in alphabetical order according to the creditor's name for the determinant of the claim is check at the claim is che | | | | | | |
| information. If more space is needed, copy the Additional Page, fill it out, number the additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditors in As much as possible, list the claims in alphabetical order according to the creditor's name State Describe the property that secures the claim | ecur | ed b | y Prop | er | ty | 12/15 |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor for each claim. If more than one creditor has a particular claim, list the other creditors in As much as possible, list the claims in alphabetical order according to the creditor's name 2.1 Landmark Credit Union Creditor's Name 5445 S. Westridge Dr. Number Street As of the date you file, the claim is: Check as Contingent Unliquidated Disputed Who owes the debt? Check one. Who owes the debt? Check one. As of the date you file, the claim is: Check as Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Date debt was incurred Ocioes Last 4 digits of account number | ie entries, | and atta | ich it to this | form. | On the top of | any |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor for each claim. If more than one creditor has a particular claim, list the other creditors in As much as possible, list the claims in alphabetical order according to the creditor's name 2.1 Landmark Credit Union Creditor's Name 5445 S. Westridge Dr. Number Street As of the date you file, the claim is: Check as Contingent Unliquidated Disputed Who owes the debt? Check one. Who owes the debt? Check one. As of the date you file, the claim is: Check as Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Ocident State Last 4 digits of account number | | | | | | |
| for each claim. If more than one creditor has a particular claim, list the other creditors in As much as possible, list the claims in alphabetical order according to the creditor's name 2.1 Landmark Credit Union Creditor's Name 5445 S. Westridge Dr. Number Street As of the date you file, the claim is: Check as Contingent Unliquidated City State ZIP Code Who owes the debt? Check one. Who owes the debt? Check one. As of the date you file, the claim is: Check as Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred OC/2015 Last 4 digits of account number | | Column | ı A | Colur | nn B | Column C |
| Creditor's Name 5445 S. Westridge Dr. Number Street As of the date you file, the claim is: Check a Contingent Unliquidated Disputed Who owes the debt? Check one. Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred □ 6/2015 Last 4 digits of account number | Part 2. | Amoun Do not o | t of claim leduct the collateral. | Valu | e of collateral supports this | Unsecured portion |
| Street As of the date you file, the claim is: Check a Contingent Unliquidated Disputed Who owes the debt? Check one. Who owes the debt? Check one. Who owes the debt? Check one. As of the date you file, the claim is: Check a Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | m: | s; | 38,878.00 | \$ | 23,450.00 | <u> </u> |
| New Berlin WI 53151 City State ZIP Code Who owes the debt? Check one. W Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Date debt was incurred □ C/2015 As of the date you file, the claim is: Check at the claim i | | | | | | |
| New Berlin | ill that apply. | | | | | |
| City State ZIP Code Disputed Who owes the debt? Check one. Mature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred □ C/2015 Last 4 digits of account number | | | | | | |
| Who owes the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Date debt was incurred ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | | | | | |
| ☑ Debtor 1 only ☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another ☑ Check if this claim relates to a community debt ☑ Date debt was incurred ② ② / 2015 ☑ Last 4 digits of account number | | | | | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Date debt was incurred □ ○ ○ ○ 2 ○ 1 5 □ Last 4 digits of account number □ □ Check if this claim relates to a community debt □ Last 4 digits of account number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | or secured | | | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Date debt was incurred ☑ 6/2015 | or social ca | | | | | |
| Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred 06/2015 Last 4 digits of account number | en) | | | | | |
| ☐ Check if this claim relates to a community debt Date debt was incurred ○ 6/2015 Last 4 digits of account number | | | | | | |
| Date debt was incurred 06/2015 Last 4 digits of account number | | - | | | | |
| 2.2 Describe the property that secures the clai | | | | | | |
| | m: | \$ | | \$ | \$ | |
| Creditor's Name | | | | | | |
| Number Street | | | | | | |
| As of the date you file, the claim is: Check a | II that apply. | | | | | |
| □ Unliquidated | | | | | | |
| City State ZIP Code Disputed | | | | | | |
| Who owes the debt? Check one. Nature of lien. Check all that apply. | | | | | | |
| ☐ Debtor 1 only ☐ An agreement you made (such as mortgage | or secured | | | | | |
| Debtor 2 only car loan) | | | | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lie ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit | m) | | | | | |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | | | | |
| ☐ Check if this claim relates to a community debt | | - | | | | |
| Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number | | L =0 0 | 78.00 | | | |

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| | | | Document | Page 22 of 39 | 9 | | |
|--|-----------------------------|---|---|--|--|----------------------|----------------------|
| Fill in this i | nformation to identify | your case: | | SELEST | | | |
| Debtor 1 | Samantha | | Broo | ck | | | |
| Jebior 1 | First Name | Middle Name | Last Name | | | | |
| Debtor 2 Spouse, if filing | j) First Name | Middle Name | Last Name | | | | |
| Jnited States | Bankruptcy Court for the: | Northern District | of Illinois | F | | | |
| | | | | | | ☐ Ch | eck if this is a |
| Case number (If known) | - | | | | | am | ended filing |
| Official | Form 106E/F | | | and the second s | | | |
| 100 100 100 100 100 100 100 100 100 100 | | _ | | | | | |
| iched | ule E/F: Cre | editors V | Who Have | Unsecured | Claims | | 12/15 |
| reditors with eeded, copy ny additiona | h partially secured cla | aims that are list ill it out, number ame and case nu | ted in Schedule D: 0 the entries in the b umber (if known). | Creditors Who Have C | ed Leases (Official For laims Secured by Prop th the Continuation Pag | erty. If more sp | ace is |
| III LI | St All of Your PRIO | KITT Unsecur | red Claims | | | | |
| | editors have priority | unsecured claim | ns against you? | | | | |
| No. Go | o to Part 2. | | | | | | |
| | | | - 122 27 332 | 4.5 | | | |
| each claim | your priority unsecui | red claims. If a ci | reditor has more that | n one priority unsecured | d claim, list the creditor s counts, list that claim her | eparately for ea | ch claim. For |
| nonpriority | amounts. As much as | possible, list the | claims in alphabetica | al order according to the | creditor's name. If you | nave more than | two priority |
| unsecured | claims, fill out the Con | itinuation Page of | Part 1. If more than | one creditor holds a pa | rticular claim, list the oth | er creditors in P | art 3. |
| (For an ex | planation of each type | of claim, see the | instructions for this for | orm in the instruction bo | | | |
| 7 | | | | | Total clair | n Priority amount | Nonpriorit amount |
| | | | 1 4 4 45-14 5 | | ę | Φ. | e |
| Priority Cred | ditor's Name | | Last 4 digits of a | ccount number | | Ψ | \$ |
| Number | Street | | When was the de | bt incurred? | | | |
| Number | Suber | | As of the date year | u file, the claim is: Chec | k all that apply | | |
| | | | Contingent | u me, the claim is. Chec | к ан тасарру. | | |
| City | State | | ☐ Unliquidated | | | | |
| | urred the debt? Check o | ne. | ☐ Disputed | | | | |
| ☐ Debtor | | | Tune of PRIORIT | Y unsecured claim: | | | |
| | 1 and Debtor 2 only | | | | | | |
| | st one of the debtors and a | inother | Domestic suppo | ort obligations ain other debts you owe the | | | |
| ☐ Check | k if this claim is for a co | ommunity debt | | ain other debts you owe the h or personal injury while yo | | | |
| Is the cla | im subject to offset? | - 5 | intoxicated | n or personal injury wrille yo | 50 Wele | | |
| ☐ No | | | Other, Specify_ | | | | |
| ☐ Yes | | | | | | | |
| | | | Last 4 digits of an | count number | | • | |
| Priority Cred | litor's Name | | | | \$ | \$ | \$ |
| | | | When was the del | or incurred? | | | |
| Number | Street | | As of the date you | u file, the claim is: Check | all that apply. | | |
| | | | ☐ Contingent | | CONTROL TO THE STATE OF THE STA | | |
| City | State | ZIP Code | ☐ Unliquidated | | | | |

☐ No ☐ Yes

Debtor 1 only

Debtor 2 only

Who incurred the debt? Check one.

At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Type of PRIORITY unsecured claim:

Taxes and certain other debts you owe the government

lacksquare Claims for death or personal injury while you were

■ Domestic support obligations

☐ Disputed

intoxicated

Other. Specify_

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Debtor 1

Samantha

Document_{ck}

Middle Name Last Name

3. Do any creditors have nonpriority unsecured claims against you?

| P | 2 | -4 | |
|---|---|----|---|
| • | a | ш | 4 |

List All of Your NONPRIORITY Unsecured Claims

| | ☐ No. You have nothing to report in the Yes | nis part. Su | bmit this form to the | e court with your other schedules. | | | |
|-----|---|----------------------------|-----------------------|---|--------------------------------|------------|------------|
| 4. | List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of | ditor separ ditor holds | ately for each claim | For each claim listed, identify wh. | at type of claim it is. Do not | list clain | ns already |
| 4.1 | 1 | | | | | Total | claim |
| 4.1 | Capital One Nonpriority Creditor's Name | | | Last 4 digits of account number | 1 2 7 1 | e | 6,098.00 |
| | | | | When was the debt incurred? | 12/01/2013 | 9 | |
| | 15000 Capital One Drive | 11.000 | | | | | |
| | Richmond | VA | 23238 | | | | |
| | City | State | ZIP Code | As of the date you file, the claim | is: Check all that apply. | | |
| | | | | ☐ Contingent | | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | | |
| | Debtor 1 only | | | ☐ Disputed | | | |
| | Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | | | ☐ Student loans | | | |
| | ☐ Check if this claim is for a commu | nity debt | | Obligations arising out of a separ that you did not report as priority | | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing | plans, and other similar debts | ij | |
| | ₩ No | | | ☑ Other. Specify Credit Card | | | |
| | ☐ Yes | | | | | | |
| 4.2 | Syncb/walmart Dc | | | Last 4 digits of account number | 3 7 9 0 | \$ | 5,525.00 |
| | Nonpriority Creditor's Name | -1 | | When was the debt incurred? | 10/01/2015 | · · | |
| | PO Box 965024 | | | | | | |
| | Number Street | | | | | | |
| | Orlando | FL | 32896 | As of the date you file, the claim | is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent | | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | | | |
| | Debtor 1 only | | | ☐ Disputed | | | |
| | Debtor 2 only | | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | ☐ At least one of the debtors and another | | | ☐ Student loans | | | |
| | ☐ Check if this claim is for a commu | nity debt | | Obligations arising out of a separ that you did not report as priority | claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing | plans, and other similar debts | | |
| | ☑ No | | | Other. Specify Credit Card | | | |
| | ☐ Yes | | | | | | |
| 4.3 | Baxter Credit Union | | | Last 4 digits of account number | 0 0 6 2 | | |
| | Nonpriority Creditor's Name | | | | 03/01/2015 | \$ | 4,820.00 |
| | 340 N. Milwaukee Ave. | | | When was the debt incurred? | 03/01/2013 | | |
| | Number Street | | | | | | |
| | Vernon Hills | IL | 60061 | As of the date you file, the claim | is: Check all that apply | | |
| | City | State | ZIP Code | | io. Oncon an anarappiy. | | |
| | Who incurred the debt? Check one. | | | Contingent | | | |
| | ☑ Debtor 1 only | | | ☐ Unliquidated☐ Disputed | | | |
| | Debtor 2 only | | | Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | | | ☐ Student loans | seption (100,000,000,000,000) | | |
| | ☐ Check if this claim is for a commun | nity debt | | Obligations arising out of a separ | | | |
| | Is the claim subject to offset? | | | that you did not report as priority Debts to pension or profit-sharing | | | |
| | ☑ No | | | Other. Specify Credit Card | pians, and other similar debts | | |
| | ☐ Yes | | | - Julier, opening Ordan Sara | | | |
| | | | | | | | |

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Debtor 1

Samantha

Last Name

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| ter listing any entries on this pa | age, number the | em beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|---|-----------------|------------------|--|-------------|
| | | | 8 1 1 0 | |
| Comenity Bank/roomplac | ce | | Last 4 digits of account number 8 1 9 | \$ 2,929.0 |
| Nonpriority Creditor's Name PO Box 182789 | | | When was the debt incurred? 04/01/2015 | |
| Number Street | | | | |
| Columbus | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | ☐ Contingent | |
| Who incurred the debt? Check | one | | Unliquidated | |
| Debtor 1 only | one. | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | | |
| ☐ At least one of the debtors and | another | | Student loans Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | Community dabt | | you did not report as priority claims | |
| | January Gebt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | ✓ Other. Specify Charge Account | |
| ☑ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | | | Last 4 digits of account number 0 0 0 1 | s 1.797.0 |
| Baxter Credit Union | | | Last 4 digits of account number | \$ 1,797.0 |
| Nonpriority Creditor's Name | 22.02.0 | | When was the debt incurred? 10/01/2014 | |
| 400 North Lakeview Park | kway | | _ | |
| Vernon Hills | IL | 60061 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| | | | ☐ Unliquidated | |
| Who incurred the debt? Check of | one. | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and | another | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a c | community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | Other. Specify Installment, unsecured | |
| ₩ No | | | | |
| ☐ Yes | | | | |
| | | | | 4 000 (|
| | | | Last 4 digits of account number 6 1 6 9 | \$_1,068.0 |
| Comenity Bank/victoriase | ec | | _ | |
| Nonpriority Creditor's Name | | | When was the debt incurred? 08/01/2013 | |
| PO Box 182789 | | | 25 25/25 No. 100 Mark Case No. 100 Mark Case A | |
| Columbus | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who become date details on the | | | ☐ Unliquidated | |
| Who incurred the debt? Check of | me. | | ☐ Disputed | |
| Debtor 1 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | The state of the s | |
| At least one of the debtors and a | another | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a c | ommunity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | Other. Specify Charge Account | |
| ☑ No | | | | |
| ☐ Yes | | | | |

Case 17-34885

Doc 1

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Debtor 1

Samantha

First Name Middle Name Last Name

| After listing any entries on this | page, number th | em beginning wit | th 4.4, followed by 4.5, and so forth. | Total o | claim |
|--|-----------------|------------------|---|---------|-------|
| Syncb/care Credit | | | Last 4 digits of account number 7 7 7 0 | s 6 | 78.00 |
| Nonpriority Creditor's Name | | | 11/01/2012 | Φ | |
| 950 Forrer Blvd. | | | When was the debt incurred? 11/01/2013 | | |
| Number Street Kettering | ОН | 45420 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Chec | re new e | | Unliquidated | | |
| | k one. | | ☐ Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| ☐ At least one of the debtors an☐ Check if this claim is for a | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | ? | | ✓ Other. Specify Charge Account | | |
| ☑ No | | | | | |
| ☐ Yes | | | | | |
| Kohl/capone Nonpriority Creditor's Name N56 W 17000 Ridgewoo | od Dr. | | Last 4 digits of account number 5 0 8 9 When was the debt incurred? 09/01/2014 | <u></u> | 50.00 |
| Number Street Menomonee Falls | WI | 53051 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Who incurred the debt? Check | cone. | | ☐ Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| At least one of the debtors and | d another | | Obligations arising out of a separation agreement or divorce that | | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | | | ☑ Other. Specify Charge Account | | |
| M No | | | | | |
| Yes | | | | | |
| 9 Landmark Credit Union | | | Last 4 digits of account number 0 1 4 3 | \$ | 0.00 |
| Nonpriority Creditor's Name | | | | | |
| 5445 S. Westridge Dr. | | | When was the debt incurred? 01/01/2013 | | |
| Number Street | | | | | |

State ZIP Code ☐ Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts

M No

Is the claim subject to offset?

☐ Yes

other. Specify Installment, Automobile

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Debtor 1

Last Name

| Dart 2 | |
|--------|--|

Your NONPRIORITY Unsecured Claims — Continuation Page

| fter listing a | ny entries on this page, | number th | em beginning with | 4.4, followed by 4.5, and so forth. | Tota | l claim |
|---|--|-------------|-------------------|---|------|---------|
| Ford M | otor Co | | | Last 4 digits of account number 0 6 3 4 | | 0.00 |
| | Creditor's Name | | | | \$ | 0.00 |
| PO Box | 542000 | | | When was the debt incurred? 11/01/2011 | | |
| Number Omaha | Street | NE | 68154 | As of the date you file, the claim is: Check all that apply. | | |
| City | | State | ZIP Code | Contingent | | |
| | | | | ☐ Unliquidated | | |
| | rred the debt? Check one. | | | ☐ Disputed | | |
| Debtor | | | | | | |
| Debtor | | | | Type of NONPRIORITY unsecured claim: | | |
| | 1 and Debtor 2 only | | | ☐ Student loans | | |
| | t one of the debtors and anoth | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | | dinty debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the clai | m subject to offset? | | | Other. Specify_Installment, Automobile | | |
| ☐ Yes | | | | | | |
| Cumaha | valmant | | | Last 4 digits of account number 3 4 7 0 | e | 0.00 |
| Syncb/v | valimart reditor's Name | | | East 4 digits of account humber | Φ | 0.00 |
| PO Box | 965024 | | | When was the debt incurred? 10/14/2015 | | |
| Number Orlando | Street | T. | 22000 | As of the date you file, the claim is: Check all that apply. | | |
| City | | FL State | 32896 ZIP Code | <u> 1975)</u> 1 | | |
| City | | State | ZIP Code | Contingent | | |
| Who incu | red the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | |
| ☑ Debtor | 1 only | | | Disputed | | |
| Debtor | | | | Type of NONPRIORITY unsecured claim: | | |
| | 1 and Debtor 2 only | | | | | |
| | one of the debtors and another | er | | Student loans | | |
| | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ☐ Check | if this claim is for a comm | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the clair | m subject to offset? | | | Other, Specify Credit Card | | |
| No No | | | | | | |
| ☐ Yes | | | | | | |
| Kav Jew | elers | | | Last 4 digits of account number 5 3 5 6 | \$ | 0.00 |
| Nonpriority Cr | | | | When was the debt incurred 2 03/01/2011 | | |
| PO Box | 4480 | | | When was the debt incurred? | | |
| Number | Street | | 02/22/0-10//0 | As of the date you file the claim in Check all that and | | |
| Beaverto | on | OR | 97076 | As of the date you file, the claim is: Check all that apply. | | |
| City | | State | ZIP Code | Contingent | | |
| Who Inc. | red the debt? Check one. | | | Unliquidated | | |
| 0.0000000000000000000000000000000000000 | | | | ☐ Disputed | | |
| Debtor ' | | | | T(NONDRIOR/T/ | | |
| Debtor 2 | A CONTRACTOR OF THE PARTY OF TH | | | Type of NONPRIORITY unsecured claim: | | |
| | and Debtor 2 only | | | ☐ Student loans | | |
| | one of the debtors and anothe | r | | Obligations arising out of a separation agreement or divorce that | | |
| | if this claim is for a commi | unity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | n subject to offset? | | | ☑ Other. Specify Charge Account | | |
| Mo No | | | | | | |
| ☐ Yes | | | | | | |

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Debtor 1

Samantha

Middle Name

Last Name

| Pa | T | ъ. |
|----|---|----|
| - | | |

Your NONPRIORITY Unsecured Claims — Continuation Page

| er listing any entries on this p | page, number th | em beginning wit | th 4.4, followed by 4.5, and so forth. | Tota | ıl claim |
|---|-----------------|------------------------------|---|--------------------|----------|
| | | | 0 0 4 0 | | |
| Syncb/walmart | | and the second second second | Last 4 digits of account number 8 2 4 0 | \$ | 0. |
| Nonpriority Creditor's Name | | | When was the debt incurred? 02/16/2014 | | |
| PO Box 965024 Number Street | | | - When was the dest meaned? | | |
| El Paso | TX | 79998 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check | cone | | ☐ Unliquidated | | |
| Debtor 1 only | v one. | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONDPIODITY upgogured claims | | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors and | d another | | ☐ Student loans | | |
| ☐ Check if this claim is for a | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| No No | | | ☑ Other. Specify Charge Account | | |
| Yes | | | | | |
| | | | | | |
| | | | | | |
| Credit One Bank Na | | | Last 4 digits of account number 8 6 6 6 | \$ | 0.0 |
| Nonpriority Creditor's Name | | | | 11.0 11 | |
| PO Box 98875 | | | When was the debt incurred? 02/27/2014 | | |
| Number Street | (2), 427/(4) | | As of the date you file, the claim is: Check all that apply. | | |
| Las Vegas | NV | 89193 | | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check | one | | Unliquidated | | |
| Debtor 1 only | ono. | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | | | |
| At least one of the debtors and | l another | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a | community debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | | | other. Specify Credit Card | | |
| ☑ No | | | | | |
| Yes | | | | | |
| | | | | | 0.0 |
| Cynah/Cara aradit | | | Last 4 digits of account number 6 6 7 0 | \$ | 0.0 |
| Syncb/Care credit Nonpriority Creditor's Name | | | <u>19</u> | | |
| 950 Forrer Blvd. | | | When was the debt incurred? 11/01/2013 | | |
| Number Street | | | An of the date you file the slabe in City and the | | |
| Kettering | ОН | 45420 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check | one. | | Unliquidated | | |
| Debtor 1 only | 30. (MA.) | | ☐ Disputed | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | | | |
| At least one of the debtors and | another | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a | community debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? | | | ✓ Other. Specify Charge Account | | |
| ☑ No | | | | | |
| ☐ Yes | | | | | |

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| Debt | tol i | amantha rst Name Middle Name | Last Na | Brock | Case number (if known) | |
|------|--|---|------------|-------------------|---|-------------|
| Pai | | ur NONPRIORITY Uns | | | uation Page | |
| Afte | er listing a | ny entries on this page, ı | number th | em beginning with | 1 4.4, followed by 4.5, and so forth. | Total claim |
| 5.7 | | k Usa/targetcred | | | Last 4 digits of account number 3 6 6 4 | \$ 0.00 |
| | Nonpriority C | reditor's Name | | | When was the debt incurred? 11/01/2012 | * |
| | Number | Street | | | = | |
| | Minnea | oolis | MN | 55440 | As of the date you file, the claim is: Check all that apply. | |
| | City | | State | ZIP Code | ☐ Contingent☐ Unliquidated | |
| | Who incu | rred the debt? Check one. | | | Disputed | |
| | ☑ Debtor | | | | same and beginners | |
| | Debtor | | | | Type of NONPRIORITY unsecured claim: | |
| | | 1 and Debtor 2 only one of the debtors and anoth | or. | | ☐ Student loans | |
| | | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check | if this claim is for a comm | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | | m subject to offset? | | | ✓ Other. Specify Credit Card | |
| | M No | | | | | |
| | ☐ Yes | | | | | |
| F 0 | | | | | | |
| 5.8 | Syncb/to | overne | | | Last 4 digits of account number 8 3 4 3 | s 0.00 |
| | | reditor's Name | | | - 02/02/0014 | 123 |
| | PO Box | 965005 | | | When was the debt incurred? U3/23/2014 | |
| | Number Orlando | Street | FL | 32896 | As of the date you file, the claim is: Check all that apply. | |
| | City | | State | ZIP Code | Contingent | |
| | 67-7 4 % | | | | ☐ Unliquidated | |
| | Who incur | red the debt? Check one. | | | ☐ Disputed | |
| | Debtor | 2.50.000 Per | | | | |
| | Debtor: | 2 only 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | | one of the debtors and another | er | | Student loans | |
| | ELECTION OF THE PROPERTY OF TH | if this claim is for a comm | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | | n subject to offset? | | | ☑ Other. Specify Charge Account | |
| | ☐ No☐ Yes | | | | | |
| | - 103 | | | | | |
| 5.9 | | | | | · · · · · / | \$308.00 |
| | DuPage | Medical Group | | | Last 4 digits of account number 3 6 7 1 | |
| | | editor's Name 31st Street, Suite 30 | 10 | | When was the debt incurred? | |
| | Number | Street Street, Suite 30 | 0 | | - | |
| | Downers | s Grove | IL | 60515 | As of the date you file, the claim is: Check all that apply. | |
| | City | | State | ZIP Code | Contingent | |
| | Who incur | red the debt? Check one. | | | ☐ Unliquidated☐ Disputed | |
| | Debtor | 1 only | | | Disputed | |
| | Debtor 2 | 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | 71202 | 1 and Debtor 2 only | | | ☐ Student loans | |
| | | one of the debtors and anothe | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check | if this claim is for a comm | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the clair | m subject to offset? | | | Other. Specify Medical Bill | |
| | ☑ No | | | | | |
| | ☐ Yes | | | | | |

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Brock

Debtor 1

Samantha First Name

Case number (if known)____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | umber the | em beginning with | 4.4, followed by 4.5, and so forth. | Tota | al claim |
|---|-----------|-------------------|---|----------|----------|
| Northwestern Medicine Nonpriority Creditor's Name | | | Last 4 digits of account number 0 2 6 1 | \$ | 291.0 |
| c/o State Collection Service P | O Box 6 | 5250 | When was the debt incurred? | | |
| Number Street Madison | WI | 53716 | As of the date you file, the claim is: Check all that apply. | | |
| Sity | State | ZIP Code | Contingent | | |
| | | | ☐ Unliquidated | | |
| Who incurred the debt? Check one. | | | ☐ Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | 21 | | ☐ Student loans | | |
| At least one of the debtors and another Check if this claim is for a community | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | mity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| ls the claim subject to offset? | | | Other, Specify Medical Bill | | |
| ₫ No | | | | | |
| Yes | | | | | |
| | | | Last 4 digits of account number | s | |
| Nonpriority Creditor's Name | | | - | <u> </u> | |
| | | | When was the debt incurred? | | |
| umber Street | | | As of the date you file, the claim is: Check all that apply. | | |
| ity | State | ZIP Code | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| ho incurred the debt? Check one. | | | ☐ Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a commu | nity debt | | you did not report as priority claims | | |
| | inty dobt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? | | | Other, Specify | | |
| ☐ No ☐ Yes | | | | | |
| - 100 | | | | | |
| | | | Last 4 digits of account number | \$ | |
| Ionpriority Creditor's Name | | | When was the debt incurred? | | |
| lumber Street | | | As of the date you file, the claim is: Check all that apply. | | |
| ity | State | ZIP Code | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Who incurred the debt? Check one. | | | ☐ Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | | | ☐ Student loans | | |
| Debtor 1 and Debtor 2 only | | | | | |
| ☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | | |
| At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| At least one of the debtors and another Check if this claim is for a communication. | | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| At least one of the debtors and another | | | you did not report as priority claims | | |

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Samantha First Name Middle Name Brock

Case number (if known)__

Part 3:

Debtor 1

List Others to Be Notified About a Debt That You Already Listed

| Madison Matison Wi 53716 State ZiP Code Name Claims Last 4 digits of account number 0 2 6 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number 0 2 6 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? On which entry in Part 1 or Part 2 did you list the original creditor? | Nationwide Credit & Co | llection | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|--|--|----------|----------|--|
| Part 2: Creditors with Nonpriority Unsecured City Part 2: Creditors with Nonpriority Unsecured City Part 2: Creditors with Nonpriority Unsecured City Part 2: Creditors with Priority Unsecured City Part 2: Creditors with Priority Unsecured City Part 2: Creditors with Priority Unsecured City Part 2: Creditors with Nonpriority Unsecured City Part 3: Creditors with No | c/o Evergreen Bank Gro | าเมา | | Line 5.9 of (Check one): D. Part 1: Craditors with Priority Lineau and Claims |
| Last 4 digits of account number 3 6 7 1 | | - пр | | |
| State Collection Service State Collection Service Claims Claims Part 1 or Part 2 did you list the original creditor? | PO Box 3219 | | | Part 2: Creditors with Nonpriority Unsecured Claim |
| State Collection Service State State State State State State State Collection Service | Oak Brook | IL | 60522 | Last 4 digits of account number 3 6 7 1 |
| Line 6.0 of (Check one): Part 1: Creditors with Priority Unsecured Claims Line 6.0 of (Check one): Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number 0 2 6 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims | NAME OF TAXABLE PARTY O | | | |
| Line 6.0 of (Check one): Part 1: Creditors with Priority Unsecured Claims Line 6.0 of (Check one): Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number 0 2 6 1 On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims | State Collection Service | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 2 6 1 | | | - | on which didy in rate roll rate 2 did you list the original creditor? |
| Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 2 6 1 | PO Box 6250 | | | Line 6.0 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Last 4 digits of account number 0 2 6 1 | Number Street | 7 | | Part 2: Creditors with Nonpriority Unsecured |
| State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): | | | | Claims |
| Line | | | | Last 4 digits of account number 0 2 6 1 |
| Line of (Check one): | Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Part 2: Creditors with Nonpriority Unsecured | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? | Number Street | | | [24] [24] [25] [25] [25] [25] [25] [25] [25] [25 |
| On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): | | | | |
| Line of (Check one): | lity | State | ZIP Code | Last 4 digits of account number |
| Claims Part 2: Creditors with Nonpriority Unsecured | lame | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number | 986.25 | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): | | | | |
| Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Line of (Check one): □ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims | Dity | State | ZIP Code | Last 4 digits of account number |
| Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): | Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Part 2: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number | lumber Street | | | |
| On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Do which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Unsecured Claims Last 4 digits of account number □ Part 2: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims Double of Check one Part 2 did you list the original creditor? | ity | State | ZIP Code | Capacitation of the Capaci |
| Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Claims | lame | | | |
| Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number | lumber Oteast | | | |
| On which entry in Part 1 or Part 2 did you list the original creditor? Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | number Street | | | 스타지를 잃었지만 생각하는 아는지 아는지 아이를 하게 되었다면 하는데 아는데 아이를 하는데 아이를 |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims umber Street of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims | ity | State | ZIP Code | Last 4 digits of account number |
| Umber Street Part 2: Creditors with Nonpriority Unsecured Claims | ame | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Claims Last 4 digits of account number | lumber Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Last 4 digits of account number | minet Street | | | |
| | | State | 7ID Code | Last 4 digits of account number |

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Debtor 1 Samantha Brock Case number (# known) Case number (# known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|--------------|---|-----|-------------|-----------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | 0.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + s | 24,064.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 24,064.00 |

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| | antha | | Brock | |
|---------------------------|--------------------|---------------------------------|-----------|---|
| First No | ame | Middle Name | Last Name | |
| ebtor 2 | | | | |
| oouse If filing) First Na | ame | Middle Name | Last Name | |
| nited States Bankru | ptcy Court for the | ne: Northern District of Illino | ois | - |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - Mo. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| Name | | | | |
|--------|--------|-------|--------------------|--|
| Number | Street | | | |
| City | | State | ZIP Code | |
| | | | | |
| Name | | 721 | | |
| Number | Street | | | |
| City | | State | ZIP Code | |
| Name | | | | |
| Number | Street | | | |
| City | | State | ZIP Code | |
| Name | | | | |
| Number | Street | | | |
| City | | State | ZIP Code | |
| | | | | |
| Name | | | | |
| Number | Street | | CHARLES THE STREET | |
| City | | State | ZIP Code | |

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| Fill in this | information to identi | fy volit case: | | | |
|---|--|--|--|--|---|
| | 922 936 | ij your case. | | | |
| Debtor 1 | Samantha First Name | Middle Name | Brock Last Name | | |
| Debtor 2 | | | Cook Page 116 | | |
| (Spouse, if fili | ng) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the | : Northern District of Illine | ois ▼ | | |
| Case numb | er | | | | |
| (If known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| Sched | dule H: You | r Codebtors | 1 | | 12/15 |
| 1. Do you I No Yes Within Arizona Yes | gether, both are equal rethe entries in the booker (if known). Answer have any codebtors? the last 8 years, have a California, Idaho, Lou Go to line 3. Did your spouse, form No | Ily responsible for supposes on the left. Attach the every question. (If you are filing a joint communisiana, Nevada, New Medier spouse, or legal equivity state or territory did you | olying correct information. If he Additional Page to this page ase, do not list either spouse a lity property state or territory xico, Puerto Rico, Texas, Was valent live with you at the time? | more spa age. On the as a codebi a? (Commu- shington, ar | nity property states and territories include |
| | City | State | ZIP Code | | |
| shown Schedu Schedu | in line 2 again as a co | debtor only if that pers 6D), Schedule E/F (Office | on is a guarantor or cosigne | er. Make su ule G (Office Co | couse is filing with you. List the person are you have listed the creditor on cial Form 106G). Use Schedule D, Summ 2: The creditor to whom you owe the debt eck all schedules that apply: |
| Name | | · | | | Schedule D, line |
| | | | | | Schedule E/F, line |
| Numbe | r Street | | | | Schedule G, line |
| City | | State | ZIP Code | | |
| 3.2 | | | | □ | Schedule D, line |
| Name | | | | | Schedule E/F, line |
| Number | r Street | | | | Schedule G, line |
| City | | State | ZIP Code | | |
| 3.3 | | | | 25000 | |
| Name | | | | | Schedule D, line |
| | | | | | Schedule E/F, line |

City

Number

Street

ZIP Code

State

☐ Schedule G, line _

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| Fill in this in | nformation to identify | your case: | | | | | |
|--|--|--|----------------------------|-------------------------------|------------------|--|---|
| Debtor 1 | Samantha | | Brock | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name | | | | |
| United States | Bankruptcy Court for the: | Northern District of Illinois | * | | | | |
| Case number | | | | | Check if the | nis is: | |
| (II KIIOWII) | | | | | ☐ An am | ended filing | |
| | | | | | | plement showing pos e as of the following | |
| Official Fo | orm 106I | _ | | | MM / D | D/ YYYY | |
| Sched | lule I: You | ur Income | | | | | 12/15 |
| supplying cou If you are sep separate shee | rrect information. If y arated and your spo | ossible. If two married per ou are married and not fili use is not filing with you, o e top of any additional pag | ng jointly, and ye | our spouse is formation ab | living with y | ou, include informations. If more space is | on about your spouse. needed, attach a |
| Fill in your information | r employment | | Debtor 1 | | | Debtor 2 or non- | filing spouse |
| | more than one job, | | | | | | |
| | parate page with about additional | Employment status | ☑ Employed | | | ☐ Employed | |
| employers. | | | Not employ | /ed | | Not employed | |
| Include par self-employ | rt-time, seasonal, or yed work. | | 055 | | | | |
| Occupation | n may include student aker, if it applies. | Occupation | Office Manag | ger | | - | |
| | | Employer's name | Houston Pro | tection & In | vestigation | | |
| | | Employer's address | 2707 Three (| Daks Rd. | | | |
| | | | Number Street Suite 157 | | | Number Street | |
| | | | Suite 157 | | | | |
| | | | | 460 | | | |
| | | | Carey | State ZIP | 60013 | City | State ZIP Code |
| | | How long ampleyed there | 17.13 5 | State Zir | Code | S00030 | State Zir Code |
| | | How long employed then | er <u>5 years</u> | | | 5 years | |
| Part 2: | Give Details About | Monthly Income | | | | | |
| | nonthly income as of ess you are separated | the date you file this form | . If you have noth | ing to report fo | or any line, wri | te \$0 in the space. Incl | ude your non-filing |
| | | ave more than one employer ttach a separate sheet to thi | | ormation for all | employers fo | r that person on the lin | es |
| | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
| | | ary, and commissions (bef calculate what the monthly | | 2. \$1 | ,986.00 | \$ | |
| 3. Estimate | and list monthly over | time pay. | | 3. +\$ | | + \$ | |
| 4. Calculate | gross income. Add li | ne 2 + line 3. | | 4. \$1 | ,986.00 | \$ | |

Official Form 106I Schedule I: Your Income page 1

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Samantha Brock Debtor 1 Case number (if known). First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse 1,986.00 Copy line 4 here..... 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 171.00 5a. 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 0.00 5c. 5d. Required repayments of retirement fund loans 0.00 5d. 0.00 5e. Insurance 5e. 0.00 5f. Domestic support obligations 5f. 0.00 5g. Union dues 5a. 5h. Other deductions. Specify: 0.00 5h Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 171.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 1,815.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f. 8g. Pension or retirement income 0.00 8g. 8h. Other monthly income. Specify: 8h. 0.00 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 1,815.00 1,815.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. + Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,815.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? M No. Yes. Explain:

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| Fill in this information of | | | | | | |
|---|---|-----------------|---|---------|------------------|----------------------------------|
| Fill in this information to identify | | | | | | |
| Debtor 1 Samantha First Name | | rock at Name | Check if th | is is: | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name Last | st Name | An ame | ended f | iling | |
| United States Bankruptcy Court for the: | Northern District of Illinois | | | | | petition chapter 13 |
| Case number | | | Expens | | of the following | g date: |
| (If known) | | | MM / DE |)/ YYYY | | |
| Official Form 106J | | | | | | |
| Schedule J: Yo | ur Expenses | | | | | 12/15 |
| Be as complete and accurate as p information. If more space is need (if known). Answer every question | led, attach another sheet to th | | | | | |
| Part 1: Describe Your Ho | usehold | | | | | |
| 1. Is this a joint case? | | | | | | |
| ✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a | separate household? | | | | | |
| ☐ No☐ Yes. Debtor 2 must fil | le Official Form 106J-2, Expense | es for Se | eparate Household of Debtor 2. | | | |
| 2. Do you have dependents? | ☑ No | | D | | D | David de la destitue |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this informati each dependent | | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | cadil depolition | | | | | ☐ No ☐ Yes |
| | | | : | - :: | | ☐ No ☐ Yes |
| | | | | | | □ No □ Yes |
| | | | | | | ☐ No ☐ Yes |
| | | | _ 1 10 11 11 11 11 11 | | | ☐ No ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | ☑ No □ Yes | | | | | |
| Part 2: Estimate Your Ongo | ing Monthly Expenses | | | | | |
| Estimate your expenses as of your expenses as of a date after the bar | bankruptcy filing date unless | | | | | |
| applicable date. | | | | | | |
| Include expenses paid for with nor such assistance and have included | 이 맛이 되어 때문에 이 맛있습니다면 어린 이번 바다 보고를 보여 하다. | | | | Your exper | ises |
| The rental or home ownership of any rent for the ground or lot. | | | 1.4 | 4. | \$ | |
| If not included in line 4: | | | | | | |
| 4a. Real estate taxes | | | | 4a. | \$ | |
| 4b. Property, homeowner's, or r | enter's insurance | | | 4b. | \$ | |
| 4c. Home maintenance, repair, | and upkeep expenses | | | 4c. | \$ | |
| 4d. Homeowner's association or | condominium dues | | | 4d. | \$ | |

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Samantha Brock Debtor 1 Case number (if known) Middle Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: Electricity, heat, natural gas 6a. 6a. Water, sewer, garbage collection 6b Telephone, cell phone, Internet, satellite, and cable services 60 Other. Specify: 6d 330.00 7. Food and housekeeping supplies 7. 70.00 Childcare and children's education costs 8. 30.00 Clothing, laundry, and dry cleaning 9. Personal care products and services 10. 10. Medical and dental expenses 11. 11 Transportation. Include gas, maintenance, bus or train fare. 240.00 Do not include car payments. 12. 150.00 Entertainment, clubs, recreation, newspapers, magazines, and books 13. 13. Charitable contributions and religious donations Insurance. 15. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 120.00 15c. Vehicle insurance 15c. 15d. Other insurance. Specify:___ 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 749.00 17a. Car payments for Vehicle 1 17a 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify:_ 17d. Other. Specify:_ 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c 20d. Maintenance, repair, and upkeep expenses 20d.

20e. Homeowner's association or condominium dues

20e.

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| Debtor | 1 Samantha Brock Case number (# & | nown) | | |
|------------------------|--|-------|-----|----------|
| 21. O t | ther. Specify: Miscellaneous | 21. | +\$ | 100.00 |
| 22. C a | lculate your monthly expenses. | | | |
| 22 | a. Add lines 4 through 21. | 22a. | \$ | 1,789.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 1,789.00 |
| 23. Cal | culate your monthly net income. | | | 4.045.00 |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,815.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,789.00 |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 26.00 |
| 24. Do <u>!</u> | you expect an increase or decrease in your expenses within the year after you file this form? | | | |
| For | example, do you expect to finish paying for your car loan within the year or do you expect your | | | |
| | tgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| | No. | | | |
| | res. Explain here: | | | |

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| i in this in | formation to ident | tiry your case: | | | |
|---|---|---|--|---|--|
| ebtor 1 | Samantha | | Brock | | |
| | First Name | Middle Name | Last Name | | |
| otor 2 ouse, if filing) | First Name | Middle Name | Last Name | | |
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